

## **APPLICATION DATA SHEET**

### **Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:: No

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title:: Ovarian Hormone Induced Neural Stem Cell  
Increase

Attorney Docket Number:: 032901-044

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Samuel  
Middle Name::  
Family Name:: Weiss  
Name Suffix::  
City of Residence:: Calgary  
State or Province of Residence:: Alberta  
Country of Residence:: Canada  
Street of Mailing Address:: 4540 Chapel Road, N.W.  
City of Mailing Address:: Calgary  
State or Province of Mailing Address:: Alberta  
Country of Mailing Address:: Canada  
Postal or Zip Code of Mailing  
Address:: T2L 1A6

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Tetsuro  
Middle Name::  
Family Name:: Shingo  
Name Suffix::  
City of Residence:: Calgary  
State or Province of Residence:: Alberta  
Country of Residence:: Canada  
Street of Mailing Address:: D-13 4591 37th Street

City of Mailing Address::                   Calgary  
State or Province of Mailing Address:: Alberta  
Country of Mailing Address::               Canada  
Postal or Zip Code of Mailing  
Address::                                     T2L 2J5

### **Correspondence Information**

Correspondence Customer Number:: 21839  
Phone Number::                             (650) 622-2300  
Fax Number:                                 (650) 622-2499

### **Representative Information**

Representative Customer Number:: 21839

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	Non-Provisional of	60/272,940	3/2/01

### **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

## **Assignee Information**

Assignee Name:: Neurostasis, Inc.

Street of Mailing Address:: 240, 1167 KENSINGTON CRESCENT N.W.,

City of Mailing Address:: CALGARY

State or Province of Mailing Address:: ALBERTA

Country of Mailing Address:: CANADA

Postal or Zip Code of Mailing Address:: T2N 1X7

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